

B 25C (Official Form 25C) (12/08)

UNITED STATES BANKRUPTCY COURT

In re Pilgrim Medical Center,
Debtor

Case No. 16-15414

Small Business Case under Chapter 11

SMALL BUSINESS MONTHLY OPERATING REPORT

Month: February, 2017

Date filed: 06/19/2017

Line of Business: Medical Services

NAISC Code: _____

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:

Nicholas V. Campanella, MD

Original Signature of Responsible Party

Nicholas V. Campanella, MD

Printed Name of Responsible Party

Questionnaire: (All questions to be answered on behalf of the debtor.)

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1. IS THE BUSINESS STILL OPERATING? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. DID YOU PAY YOUR EMPLOYEES ON TIME? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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- | | | |
|---|--------------------------|-------------------------------------|
| 14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS?

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(*Exhibit A*)

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. (*THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.*)

	TOTAL INCOME	\$ <u>156,428.81</u>
SUMMARY OF CASH ON HAND		
Cash on Hand at Start of Month	\$ <u>36,411.72</u>	
Cash on Hand at End of Month	\$ <u>44,269.20</u>	

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU **TOTAL** \$ 44,269.20

(*Exhibit B*)

EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. (*THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.*)

TOTAL EXPENSES \$ 156,236.74

(*Exhibit C*)

CASH PROFIT

INCOME FOR THE MONTH (*TOTAL FROM EXHIBIT B*)

\$ 156,428.81

EXPENSES FOR THE MONTH (*TOTAL FROM EXHIBIT C*)

\$ 156,236.74

(*Subtract Line C from Line B*)

CASH PROFIT FOR THE MONTH

\$ 192.07

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UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL PAYABLES \$ _____

(Exhibit D)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL RECEIVABLES \$ _____

(Exhibit E)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(Exhibit F)

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED?	21
NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT?	20

PROFESSIONAL FEES

BANKRUPTCY RELATED:

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?

\$ 5,836.75

TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?

\$ 79,311.40

NON-BANKRUPTCY RELATED:

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?

\$ 6,897.36

TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?

\$ 51,794.01

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PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ _____	\$ _____	\$ _____
EXPENSES	\$ _____	\$ _____	\$ _____
CASH PROFIT	\$ _____	\$ _____	\$ _____
TOTAL PROJECTED INCOME FOR THE NEXT MONTH:			\$ 161,000.00
TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH:			\$ 156,000.00
TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH:			\$ 5,000.00

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.

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06/19/17

Cash Basis

PILGRIM MEDICAL CENTER INC
Transactions by Account
As of February 28, 2017

Type	Date	Num	Adj	Name	Split	Debit	Credit	Balance
TD Bank-9126 Debtor in Possessi								1,308.27
Total TD Bank-9126 Debtor In Possessi								1,308.27
Valley National Bank								
Deposit	02/01/2017				Credit Card	889.20		35,103.45
Deposit	02/01/2017				Patient Income	806.00		35,992.65
Check	02/02/2017				Credit Card Ex...		353.75	36,798.65
Deposit	02/02/2017			MONTCLAIR SUR...	Transfer to MSS	420.00		36,444.90
Deposit	02/03/2017				Insurance Pay...	1,575.00		36,864.90
Deposit	02/03/2017				Insurance Pay...	23,046.00		38,439.90
Check	02/03/2017			ADP Payroll Fees	Payroll Fees		50.00	61,435.90
Deposit	02/03/2017				Credit Card	390.00		61,825.90
Deposit	02/03/2017				Patient Income	2,080.00		63,905.90
Check	02/03/2017			Pilgrim Practice Ma...	Due To Pilgrim...		10,000.00	53,905.90
Check	02/04/2017	1230		CASH	Petty Cash		1,500.00	52,405.90
Check	02/06/2017			MONTCLAIR SUR...	Transfer to MSS		50.40	52,355.50
Check	02/06/2017			United Healthcare A...	Medicare Pre...		78.10	52,277.40
Check	02/06/2017			United Healthcare A...	Medicare Pre...		80.20	52,197.20
Check	02/06/2017			United Healthcare A...	Medicare Pre...		364.46	51,832.74
Deposit	02/06/2017				Credit Card	1,518.40		53,351.14
Deposit	02/06/2017				Credit Card	2,090.40		55,441.54
Deposit	02/06/2017				Patient Income	1,112.00		56,553.54
Deposit	02/07/2017				Insurance Pay...	2,445.00		58,998.54
Check	02/07/2017				Salaries and ...		329.45	58,669.09
Check	02/07/2017			PAYCHEX TAXES	Payroll Taxes		17,829.81	40,839.28
Check	02/07/2017			PAYROLL	-SPLIT-		32,296.70	8,542.58
Deposit	02/08/2017			Pilgrim Practice Ma...	Credit Card	31.20		8,573.78
Deposit	02/09/2017				Insurance Pay...	350.00		8,923.78
Deposit	02/09/2017				Credit Card	1,300.00		10,223.78
Deposit	02/10/2017				Insurance Pay...	720.00		10,943.78
Deposit	02/10/2017				Insurance Pay...	4,175.00		15,118.78
Deposit	02/10/2017				Insurance Pay...	20,853.00		35,971.78
Deposit	02/10/2017				Patient Income	724.23		36,696.01
Deposit	02/10/2017				Patient Income	1,055.00		37,751.01
Deposit	02/10/2017				Patient Income	70.00		37,821.01
Check	02/10/2017			Pilgrim Practice Ma...	Due To Pilgrim...		5,000.00	32,821.01
Deposit	02/13/2017				Patient Income	1,212.00		34,033.01
Deposit	02/13/2017				Credit Card	1,310.40		35,343.41
Deposit	02/13/2017				Credit Card	2,433.60		37,777.01
Deposit	02/13/2017				Patient Income	436.00		38,213.01
Deposit	02/14/2017				Insurance Pay...	765.00		38,978.01
Deposit	02/14/2017				Insurance Pay...	1,000.00		39,978.01
Deposit	02/15/2017				Credit Card	1,456.00		41,434.01
Deposit	02/16/2017				Credit Card	925.60		42,359.61
Deposit	02/16/2017				Patient Income	1,281.00		43,650.61
Deposit	02/17/2017				Insurance Pay...	2,315.00		45,965.61
Deposit	02/17/2017				Insurance Pay...	22,098.00		68,063.61
Check	02/17/2017			ADP Payroll Fees	Payroll Fees		15.00	68,048.61
Check	02/17/2017				Credit Card Ex...		436.80	67,611.81
Check	02/17/2017			Pilgrim Practice Ma...	Due To Pilgrim...		10,000.00	57,611.81
Deposit	02/21/2017				Patient Income	1,093.00		58,704.81
Check	02/21/2017			MONTCLAIR SUR...	Transfer to MSS		29.00	58,675.81
Check	02/21/2017			MONTCLAIR PHYS...	Loan Receiv -...		732.64	57,943.17
Check	02/21/2017			CMS Medicare	Medicare Pre...		504.80	57,438.37
Check	02/21/2017			CMS Medicare	Medicare Pre...		504.80	56,933.57
Deposit	02/21/2017				Credit Card	436.80		57,370.37
Deposit	02/21/2017				Credit Card	3,182.40		60,552.77
Check	02/21/2017			MONTCLAIR SUR...	Transfer to MSS		126.00	60,426.77
Deposit	02/22/2017				Insurance Pay...	2,000.00		62,426.77
Check	02/22/2017				Payroll Fees		328.53	62,098.24
Check	02/22/2017			PAYROLL	-SPLIT-		32,175.85	29,922.39
Deposit	02/22/2017				Credit Card	2,392.00		32,314.39
Check	02/22/2017			PAYCHEX TAXES	Payroll Taxes		17,678.15	14,636.24
Deposit	02/22/2017				Patient Income	620.00		15,256.24
Deposit	02/23/2017				Credit Card	379.60		15,635.84
Deposit	02/23/2017				Patient Income	580.00		16,215.84
Deposit	02/24/2017				Insurance Pay...	2,925.00		19,140.84
Deposit	02/24/2017				Insurance Pay...	14,858.74		33,999.58
Deposit	02/27/2017				Patient Income	1,738.00		35,737.58
Deposit	02/27/2017				Credit Card	1,794.00		37,531.58
Deposit	02/27/2017				Credit Card	2,412.80		39,944.38
Deposit	02/27/2017				Patient Income	306.00		40,250.38
Deposit	02/28/2017				Insurance Pay...	864.00		41,114.38
Deposit	02/28/2017				Insurance Pay...	1,850.00		42,964.38
Check	02/28/2017				Bank Service ...		3.45	42,960.93
Total Valley National Bank						138,325.37	130,467.89	42,960.93

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06/19/17

Cash Basis

**PILGRIM MEDICAL CENTER INC
Transactions by Account**
As of February 28, 2017

Type	Date	Num	Adj	Name	Split	Debit	Credit	Balance
TOTAL						138,325.37	130,467.89	44,269.20

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06/19/17
Cash Basis

PILGRIM MEDICAL CENTER INC
Profit & Loss
February 2017

	<u>Feb 17</u>
Ordinary Income/Expense	
Income	
Fee for Service Income	156,619.97
Refunds	-191.16
Total Income	<u>156,428.81</u>
Gross Profit	156,428.81
Expense	
Accounting	0.00
Advertising and Promotion	0.00
Ambulatory Assessment Tax	0.00
Automobile Expense	145.14
Bank Service Charges	3.45
Continuing Education	0.00
Credit Card Expenses	790.55
Dues and Subscriptions	147.89
Equip Lease	0.00
Insurance Expense	10,039.44
Interest Expense	4.89
Licenses and Permits	591.09
Meals and Entertainment	236.17
Medical Records and Supplies	7,059.18
Office Supplies	2,910.05
Outside Services	11,772.10
Payroll Fees	393.53
Payroll Taxes	10,683.17
Petty Cash	1,500.00
Professional Fees	12,734.11
Repairs and Maintenance	1,684.12
Salaries and Wages	90,700.55
Security Expenses	963.28
Supplies	1,042.99
Telephone Expense	796.58
Utilities	1,708.56
Waste Removal	329.90
Total Expense	<u>156,236.74</u>
Net Ordinary Income	<u>192.07</u>
Net Income	<u>192.07</u>



Bank

America's Most Convenient Bank®

PILGRIM MEDICAL CENTER INC
DIP CASE 16-15414 DIST NJ
393 BLOOMFIELD AVE
MONTCLAIR NJ 07042-3505

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STATEMENT OF ACCOUNT

Page: 1 of 2
Statement Period: Feb 01 2017-Feb 28 2017
Cust Ref #: _____
Primary Account #: _____

Chapter 11 Checking

PILGRIM MEDICAL CENTER INC
DIP CASE 16-15414 DIST NJ

Account #

ACCOUNT SUMMARY

Beginning Balance	1,308.27	Average Collected Balance	1,308.27
Ending Balance	1,308.27	Annual Percentage Yield Earned	0.00%
		Days in Period	28

DAILY ACCOUNT ACTIVITY

No Transactions this Statement Period

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

How to Balance your Account

Page: . 2 of 2

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
 - Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
 - Add any interest earned if you have an interest-bearing account.
 - Add any automatic deposit or overdraft line of credit.
 - Review all withdrawals shown on this statement and check them off in your account register.
 - Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
 2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
 3. Subtotal by adding lines 1 and 2.
 4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
 5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	Ending Balance	1,308.27
2	Total Deposits	+ _____
3	Sub Total:	_____
4	Total Withdrawals	- _____
5	Adjusted Balance	_____

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		

**FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR
QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:**

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

**TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston,
Maine 04242-1377**

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the new premium first appears. When sending

first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
 - A description of the error or transaction you are unsure about.
 - The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total Interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number..
 - The dollar amount of the suspected error.
 - Describe the error and explain, if you can, why you believe there is an error.
If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.



PILGRIM MEDICAL CENTER INC
393 BLOOMFIELD AVE
MONTCLAIR NJ 07042-3741

0 Page: 1
Chks Paid: 1
Statement Date: 02/28/17
Account Number:

***** BusinessCHECKING 300 *****

Non-Check Transactions

Date	Description	Amount
02/01	BANKCARD BTOT DEP ID: 543469430101030	889.20
02/01	Deposit	806.00
02/02	BANKCARD MTOT DISC ID: 543469430101030	353.75-
02/02	TRNSFER FRM CK XXXXXXXX9705	420.00
02/03	HORIZON TDU ACH PT ID: ACH010010459098	1,575.00
02/03	SNJ-MED.ASST.PAY MD AST.PAY ID: 0175641AG991469	23,046.00
02/03	ADP PAYROLL FEES ADP - FEES ID: 2RGH8 4207227	50.00-
02/03	BANKCARD BTOT DEP ID: 543469430101030	390.00
02/03	Deposit	2,080.00
02/03	TRANSFER TO CK XXXXXXXX6241	10,000.00-
02/06	TRANSFER TO CK XXXXXXXX9705	50.40-
02/06	UnitedHCMedicare MedInsPymt ID: 0166626911	78.10-
02/06	UnitedHCMedicare MedInsPymt ID: 0167665151	80.20-
02/06	UnitedHealthcare PREMIUM ID: 3184949601	364.46-
02/06	BANKCARD BTOT DEP ID: 543469430101030	1,518.40
02/06	BANKCARD MTOT DEP ID: 543469430101030	2,090.40
02/06	Deposit	1,112.00
02/07	HORIZON TDU ACH PT ID: ACH010010473479	2,445.00
02/07	ADP EEPAY/GARNWC EEPAY/GARN ID: 520041548048GH8	329.45-
02/07	ADP Tax/401k Tax/401k ID: RZGH8 020803A01	17,829.81-



PILGRIM MEDICAL CENTER INC
393 BLOOMFIELD AVE
MONTCLAIR NJ 07042-3741

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Statement Date: 02/28/17
Account Number:

***** BusinessCHECKING 300 *****

Non-Check Transactions

Date	Description	Amount
02/07	ADP EEPAY/GARNWC EEPAY/GARN ID: 520041548047GH8	32,296.70-
02/08	BANKCARD BTOT DEP ID: 543469430101030	31.20
02/09	HORIZON TDU ACH PT ID: ACH010010488385	350.00
02/09	BANKCARD BTOT DEP ID: 543469430101030	1,300.00
02/10	AETNA AS01 HCCLAIMPMT TRN*1*817038520000084*1066033492	720.00
02/10	HORIZON TDU ACH PT ID: ACH010010496195	4,175.00
02/10	SNJ-MED.ASST.PAY MD AST.PAY ID: 0175641AG996309	20,853.00
02/10	Deposit	724.23
02/10	Deposit	1,055.00
02/10	Deposit	70.00
02/10	TRANSFER TO CK XXXXXXXX6241	5,000.00-
02/13	Deposit	1,212.00
02/13	BANKCARD BTOT DEP ID: 543469430101030	1,310.40
02/13	BANKCARD BTOT DEP ID: 543469430101030	2,433.60
02/13	Deposit	436.00
02/14	HORIZON TDU ACH PT ID: ACH010010518561	765.00
02/14	HORIZON TDU ACH PT ID: ACH010010511242	1,000.00
02/15	BANKCARD BTOT DEP ID: 543469430101030	1,456.00
02/16	BANKCARD BTOT DEP ID: 543469430101030	925.60
02/16	Deposit	1,291.00



PILGRIM MEDICAL CENTER INC
393 BLOOMFIELD AVE
MONTCLAIR NJ 07042-3741

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Page: 3

Statement Date: 02/28/17
Account Number:

***** BusinessCHECKING 300 *****

Non-Check Transactions

Date	Description	Amount
02/17	HORIZON TDU ACH PT	2,315.00
	ID: ACH010010532191	
02/17	SNJ-MED.ASST.PAY MD AST.PAY	22,098.00
	ID: 0175641AG001245	
02/17	ADP PAYROLL FEES ADP - FEES	15.00-
	ID: 2RGH8 7637316	
02/17	BANKCARD BTOT DEP	436.80-
	ID: 543469430101030	
02/17	TRANSFER TO CK XXXXXXXX6241	10,000.00-
02/21	Deposit	1,093.00
02/21	TRANSFER TO CK XXXXXXXX9705	29.00-
02/21	TRANSFER TO CK XXXXXXXX9713	732.64-
02/21	CMS MEDICARE PREMIUMS	504.80-
	ID: 0000	
02/21	CMS MEDICARE PREMIUMS	504.80-
	ID: 0000	
02/21	BANKCARD BTOT DEP	436.80
	ID: 543469430101030	
02/21	BANKCARD MTOT DEP	3,182.40
	ID: 543469430101030	
02/21	TRANSFER TO CK XXXXXXXX9705	126.00-
02/22	HORIZON TDU ACH PT	2,000.00
	ID: ACH010010554146	
02/22	ADP EEPAY/GARNWC EEPAY/GARN	328.53-
	ID: 533042616896GH8	
02/22	ADP EEPAY/GARNWC EEPAY/GARN	32,175.85-
	ID: 533042616895GH8	
02/22	BANKCARD MTOT DEP	2,392.00
	ID: 543469430101030	
02/22	ADP Tax/401k Tax/401k	17,678.15-
	ID: RZGH8 022204A01	
02/22	Deposit	620.00
02/23	BANKCARD BTOT DEP	379.60
	ID: 543469430101030	



PILGRIM MEDICAL CENTER INC
393 BLOOMFIELD AVE
MONTCLAIR NJ 07042-3741

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Statement Date: 02/28/17
Account Number:

***** BusinessCHECKING 300 *****

Non-Check Transactions

Date	Description	Amount
02/23	Deposit	580.00
02/24	HORIZON TDU ACH PT ID: ACH010010568428	2,925.00
02/24	SNJ-MED. ASST. PAY MD AST. PAY ID: 0175641AG006003	14,858.74
02/27	Deposit	1,738.00
02/27	BANKCARD MTOT DEP ID: 543469430101030	1,794.00
02/27	BANKCARD BTOT DEP ID: 543469430101030	2,412.80
02/27	Deposit	306.00
02/28	HORIZON TDU ACH PT ID: ACH010010589471	864.00
02/28	HORIZON TDU ACH PT ID: ACH010010582246	1,850.00
02/28	Service Charge	3.45-

Checks in Order

Date	Number	Amount	Date	Number	Amount
02/06	1230	1,500.00			

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
01/31	35,103.45	02/09	10,223.78	02/21	60,426.77
02/01	36,798.65	02/10	32,821.01	02/22	15,256.24
02/02	36,864.90	02/13	38,213.01	02/23	16,215.84
02/03	53,905.90	02/14	39,978.01	02/24	33,999.58
02/06	56,553.54	02/15	41,434.01	02/27	40,250.38
02/07	8,542.58	02/16	43,650.61	02/28	42,960.93
02/08	8,573.78	02/17	57,611.81		



PILGRIM MEDICAL CENTER INC
393 BLOOMFIELD AVE
MONTCLAIR NJ 07042-3741

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Statement Date: 02/28/17
Account Number:

***** BusinessCHECKING 300 *****

Account Summary

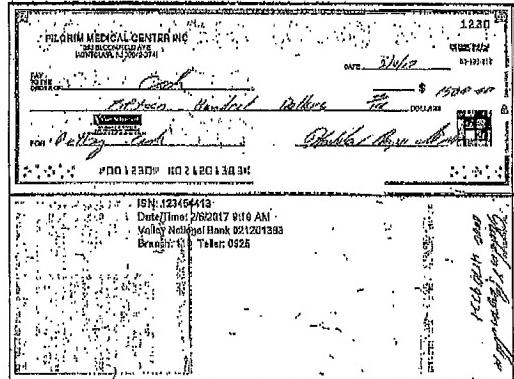
Previous Statement Date: 01/31/17

Beginning Balance	Interest	Service	Ending Balance
35,103.45	+ 138,325.37	.00 - 130,464.44	= 3.45 42,960.93

Statement from 02/01/17 Thru 02/28/17
YTD Interest Paid .00

COMMUNICATING WITH YOU IS IMPORTANT TO US!
Don't miss weather-related closures or special offer emails.
Take a moment and call our 24/7 Customer Service Team at
800-522-4100 or 973-305-8800 and provide or update
your email address.

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Check#:1230, Amount:\$1,500.00, Date:2/6